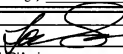


Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/761,319-Conf. #2671
		Filing Date	January 22, 2004
		First Named Inventor	Howard E. Rhodes
		Examiner Name	C. W. A. Chen
		Art Unit	2622
TOTAL AMOUNT OF PAYMENT		(\$)	0.00
Attorney Docket No.		M4065.0107/P107-F	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>04-1073</u>	Deposit Account Name: <u>Dickstein Shapiro LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	<small>Small Entity</small>	<small>Small Entity</small>	<small>Small Entity</small>	<small>Small Entity</small>	<small>Small Entity</small>	<small>Small Entity</small>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
							<small>Small Entity</small>
							Fee (\$)
							Fee (\$)
2. EXCESS CLAIM FEES							
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							52
Each independent claim over 3 (including Reissues)							220
Multiple dependent claims							390
							195
Total Claims							
21 - 21 or HP							x
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims							
2 - 3 or HP							x
HP = highest number of independent claims paid for, if greater than 3.							
Multiple Dependent Claims							
Fee (\$)							Fee Paid (\$)

3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)
_____ - 100 = _____		/50 = _____		(round up to a whole number) x _____		= _____	= _____
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): _____							
							Fees Paid (\$)

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	28,371
Name (Print/Type)	Thomas J. D'Amico	Telephone	(202) 420-2232
		Date	April 28, 2009